

# MONTANA EMERGENCY MEDICAL SERVICES FOR CHILDREN/CHILD READY MT



## CONNECTION NEWSLETTER

DECEMBER: 

This issue has Health Literacy; Children and Opioids; Flu vaccines; and **MORE! TRIVIA-** answer & win a **free EMSC Pediatric Crash Card Set-** first 3 to email answers to Robin [-rsuzor@mt.gov](mailto:rsuzor@mt.gov).

## HEALTH LITERACY

### Health Literacy as a Representation of Health Equity

Although October has ended, we still need to promote **Health Literacy**: it's important to maintain a year-round focus on health literacy as an influential factor for addressing social determinants of health which include economic stability; education quality and opportunities; neighborhood and built environment; and social and community context.

The **National Action Plan to Improve Health Literacy**, published by ODPHP in 2010, characterizes health literacy as “**the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.**”

In the U.S., it's easy to assume health literacy is a common ability among American adults, especially since the passage of the **Affordable Care Act** has increased access to health insurance and healthcare. But **according to the latest data, only 12% of adults in the United States have proficient health literacy skills**. This means that **nine out of ten individuals in the U.S. are not sufficiently equipped to translate health information** into appropriate health decisions, which can **influence their health outcomes** in the following ways:

- Lower usage of preventive measures and care
- Higher rates of hospitalization and utilization of emergency services
- Decreased ability to effectively manage long-term or chronic illnesses
- Negative psychological effects (i.e., sense of shame) related to low health literacy

To support health professionals' efforts to promote health literacy, several federal and national leaders developed the following resources:

- **10 Attributes of a Health Literate Health Care Organization (National Academies)**. List detailing ten attributes of a health literate health care organization, along with references and suggestions on how to achieve those attributes.
- **Action Plan to Improve Health Literacy (CDC)**. Sample planning tool to help develop a set of health literacy priorities and identify action steps and specific measurable objectives to evaluate.
- **Health Literacy Online Guide (ODPHP)**. Research-based guide to developing intuitive health websites and digital tools that can be easily accessed and understood by all users to find, process, and use online health information.
- **Health Literacy Training (CDC)**.

See the list of free training opportunities for continuing education and/or certificates on the CDC Train website.

Improving health literacy in your community can play a role in improving health equity and, thereby, health outcomes.

## TEENS AND OPIOID USE

The number of young children and teens hospitalized for overdosing on **opioid painkillers have spiked** nearly threefold in recent years, a new study finds. Among children under 10, most of the painkiller poisonings were accidental, with **children "eating them like candy,"** said lead researcher Julie Gaither, a postdoctoral fellow in biostatistics at the Yale School of Medicine in New Haven, Conn. Among teens, most were accidental overdoses, although some were suicide attempts. **In both age groups, the increase in cases involving painkillers like OxyContin, Percocet and Vicodin was dramatic.**

Among children aged **1 to 4 years**, the **number of poisonings went up 205 percent** from 1997 to 2012. For teens **15 to 19**, the **increase was 176 percent**. Overall, the study showed a 165 percent increase in poisonings from opioid painkillers among those 19 and younger. In addition, poisonings involving the use of heroin among teens increased 161 percent, while **poisonings involving methadone went up 950 percent.**

The rates at which narcotic painkillers have been prescribed have increased dramatically, so we now have opioids in millions of American homes, and children and teens are exposed. In August 2015, the U.S. Food and Drug Administration approved the use of OxyContin for children aged 11 to 16. Pediatric cancer patients would be among those who benefit from the FDA approval. Among some teens, these medications are being misused and abused, often for nonmedical reasons -- to get high, just like they would use any recreational drug.

To see how much overdoses from prescription narcotic painkillers has risen, Gaither and her colleagues analyzed **data from children's hospitals from 1997 through 2012** that was taken at three-year intervals. The researchers identified more than **13,000 records of children and teens hospitalized for opioid painkiller poisoning**. They also found records of heroin poisoning among teens. In all, just over 1 percent of the children died during hospitalization, the study authors found. **Gaither's team also discovered that boys accounted for 35 percent of the hospitalizations in 1997, but by 2012 that had grown to 47 percent.**

To read the full report =published online Oct. 31, 2016 in the journal *JAMA Pediatrics*.



American Indians/Alaska Natives (AI/AN) have the highest motor vehicle-related death rates of all racial and ethnic groups, with rates two to three times greater than the rates of other Americans. The following resources can help equip tribal communities to apply motor vehicle injury prevention programs that effectively increase child safety seat use, increase seat belt use, and decrease alcohol-impaired driving.

- The [Tribal Motor Vehicle Injury Prevention \(TMVIP\) Best Practices Guide 2016](#) outlines five important components for TMVIP: commitment, collaboration, data and evaluation, tailored evidence-based strategies and technical support. Within each component, the guide covers what is needed, lessons learned, case examples, resources, and calls to action for TMVIP programs.
- The [Tribal Toolkit](#) was developed in partnership with the Indian Health Service (IHS) to assist tribes in the promotion of evidence-based strategies that take into consideration the unique culture of American Indians/Alaska Natives. The media toolkit includes fact sheets, brochures, posters, and a video titled "[A Killer in Indian Country.](#)"
- Evidence-based child passenger safety interventions are both feasible in and transferable to tribal communities. During 2010-2014, five tribal communities funded by CDC implemented evidenced-based strategies from the [Guide to Community Preventive Services](#) to increase the use of child safety seats (car seats and booster seats). As a result, child safety seats use increased in all five tribal communities (ranging from 6-40%) and four out of five of the communities exceeded their goals for increased use. Learn more on the [Publications page](#).

Information provided by Mary Lynne Billy with the MT Office of American Indian Health

## WHAT VIRUSES DO 2016-2017 FLU VACCINES PROTECT AGAINST?

There are many flu viruses and they are constantly changing. The composition of U.S. flu vaccines is reviewed annually and updated to match circulating flu viruses. Flu vaccines protect against the three or four viruses that research suggests will be most common. For **2016-2017**, three-component vaccines are recommended to contain:

- A/California/7/2009 (H1N1)pdm09-like virus,
- A/Hong Kong/4801/2014 (H3N2)-like virus and a
- B/Brisbane/60/2008-like virus (B/Victoria lineage). Four component vaccines are recommended to include the same three viruses above, plus an additional B virus called B/Phuket/3073/2013-like virus (B/Yamagata lineage).

For the most current influenza surveillance info: see FluView at [Weekly U.S. Influenza Surveillance Report](http://www.cdc.gov/flu/weekly/index.htm)(<http://www.cdc.gov/flu/weekly/index.htm>).

## FLU VACCINES FOR CHILDREN

Some children 6 months through 8 years of age will require two doses of flu vaccine for adequate protection from flu. Children in this age group who are getting vaccinated for the first time will need two doses of flu vaccine, spaced at least 28 days apart. Some children who have received flu vaccine previously and children who have only received one dose in their lifetime also may need two doses.

Visit [Children, the Flu, and the Flu Vaccine](http://www.cdc.gov/flu/protect/children.htm)(<http://www.cdc.gov/flu/protect/children.htm>) for more information.

Children younger than 6 months are at higher risk of serious flu complications, but are too young to get a flu vaccine. Safeguarding infants from the flu is especially important. Caregivers for an infant younger than 6 months of age should receive a flu vaccine. See [Advice for Caregivers of Young children](http://www.cdc.gov/flu/protect/infantcare.htm)(<http://www.cdc.gov/flu/protect/infantcare.htm>) for more information.

**Research shows receiving the flu vaccine during pregnancy can protect the baby after birth for several months.**

If a truly bad flu Pandemic happens (imagine 1918), several thoughts:

- The hardest hit population in 1918 was doctors & nurses. How many hospitals will close due to staffing shortages?
- How many staff will need to take time off to deal with sick parents, children, & spouses?
- How will you handle women with fever in labor? Until you prove that they do NOT have the flu, will you need to isolate them & their babies? Will you have the isolation rooms for this? What about the cost of isolation gear for the entire Del Rm team (OB & Peds), cleaning the rooms afterwards, etc.
- Will smaller CAHs close their L&D & send their patients to larger centers that are already quite taxed?
- If prolonged, what will happen to our blood supply? What percentage of potential donors will either be sick or recently exposed?

## SMOKING CESSATION FOR PREGNANCY AND BEYOND

"Smoking Cessation for Pregnancy and Beyond: A Virtual Clinic" provides an interactive experience, multiple training modules, and free CE for health professionals. Access the virtual clinic for resources and training to effectively assist women in quitting smoking.



## TRAINING FOR NURSES WHO WORK SHIFTS AND LONG HOURS

The "NIOSH Training for Nurses on Shift Work and Long Work Hours: Part 1" course, developed by the National Institute for Occupational Safety and Health (NIOSH), is designed for nurses, their managers, and others with jobs requiring work in the evening, overnight, early in the morning, or with long work hours. Learn about the risks associated with shift work and long work hours and earn free CE. Visit [www.cdc.gov/learning](http://www.cdc.gov/learning)



# Montanans- Wash your Hands!

## Hand hygiene matters.

While you don't have to hold the handshakes and high fives, regular and proper hand washing is key to saving yourself and your colleagues from germs that harm your health.

### Research has shown that proper handwashing reduces:

# of people who get sick with diarrhea by **31%**

diarrheal illness in people with weakened immune systems by **58%**

respiratory illness, like colds, in the general population by **16-21%**



### Is hand sanitizer effective?

Washing hands with soap and water is the best way to reduce the number of microbes on them in most situations. If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol.

### ONE IN FOUR

people don't wash their hands after using the toilet at work.



### WE MISS THE MOST

when not adopting the proper handwashing technique.

- Frequently missed
- Most frequently missed



Germs can stay alive on hands for up to **THREE HOURS.**



**Dry them well.**  
Damp hands spread 1,000 times more bacteria than dry hands.

The Mayo Clinic reports that paper towels are **MORE HYGIENIC** than dryers as they're better at removing the residual water which spreads bacteria.

**The 840,000 germs** on your hands at any given time can spread up to 80% of common diseases.



Your face is the main entry point for germs. **KEEP THOSE HANDS AWAY** until you've washed them!



Adapted by DPHHS from Staples

## AAP Recommends "No Codeine" for Kids

The American Academy of Pediatrics is urging parents and health providers to stop giving codeine to children, calling for more education about its risks and restrictions on its use in patients under age 18.

A new AAP clinical report in the October 2016 issue of Pediatrics, "[Codeine: Time to Say 'No.'](#)" cites continued use of the drug in pediatric settings despite growing evidence linking the common painkiller to life-threatening or fatal breathing reactions.

## PEDIATRIC FACILITY RECOGNITION STATUS:

### Pediatric Prepared Facilities :

**St. Vincent Healthcare** (May 2015) Billings  
**Northern Montana Hospital** (August 2015) Havre  
**North Valley Hospital** (October 2015) Whitefish  
**Beartooth Billings Clinic** (March 2016) Red Lodge  
**Kalispell Regional Healthcare** (April 2016)  
**Billings Clinic** (May 2016)  
**St. Patrick/Providence Hospital** (Missoula) October 2016  
**Benefis Healthcare** (Great Falls) October 2016

### PEDIATRIC CAPABLE FACILITIES:

**Stillwater Billings Clinic** (April 2015) Columbus  
**Phillips County Hospital** (May 2015) Malta  
**Central Montana Medical Center** (Oct 2015) Lewistown  
**Colstrip Medical Center** (July 2015)  
**St. Joseph Hospital** (November 2015) (Polson)  
**Community Hospital of Anaconda** (May 2016)  
**Big Horn County Memorial Hospital** (October 2016) Hardin

Check out the MT EMSC webpage <http://dphhs.mt.gov/publichealth/EMSTS/emsc/Pedsfacilityrecognition> or email [rsuzor@mt.gov](mailto:rsuzor@mt.gov) for sample policies and guidelines and many other resources.

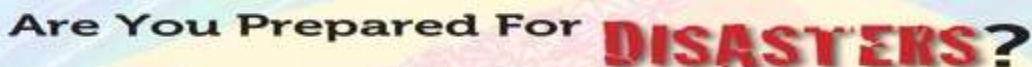
## RESOURCES

### Team up to Help Community Members

Only 28 percent of American households have an emergency preparedness kit. These kits are crucial during and after a disaster—having one is a simple way to ensure that you have vital items available in the time of need. The American Red Cross' [Prepare and Share](#) is a kit drive activity in which essential preparedness items are collected, assembled in a pack, and delivered to those in the community who need the kit most.

To plan a kit drive in your community, contact your local Red Cross chapter or Service to the Armed Forces station for help and for a list of suggested items. Or for more information, visit [www.redcross.org](http://www.redcross.org) or email [youthinvolvement@redcross.org](mailto:youthinvolvement@redcross.org).

### DOWNLOAD FAMILY READINESS KIT



The [American Academy of Pediatrics' Family Readiness Kit](#) includes information from preparedness experts, parents, and child care providers that can help families get ready for disasters. The kit includes general guidelines that can be used in most situations and for all types of disasters.

True family readiness involves every member of the family—even pets! Kids can take part in each step of the planning process with age-appropriate activities. The Family Readiness Kit includes resources for building an emergency kit, making a family communication plan, being informed, and getting involved.

The kit also includes information about disasters from forest fires to floods, tornadoes, and winter weather to infections, along with other helpful resources. [Download](#) the Family Readiness Kit today.

Email: [FEMA-Youth-Preparedness@fema.dhs.gov](mailto:FEMA-Youth-Preparedness@fema.dhs.gov) online: [www.ready.gov/youth-preparedness](http://www.ready.gov/youth-preparedness)

## Safety Group Releases Annual Dangerous Toys List

According to *WATCH*, **every three minutes a child is treated in a U.S. ED for a toy-related injury**. Since January 2015, there have been at least 19 toys with safety defects recalled in the U.S. involving more than 800,000 units of toys—including 500,000 this year, the group said in a news release.

Consumers can inspect new toys as well as toys already in homes and schools for dangerous hazards and stay away from any toys that may have been recalled, caused injuries, or are defective. Awareness of classic hidden toy hazards can prevent injuries. Shockingly, classic toy dangers, such as small parts, strings, projectiles, toxic substances, rigid materials, and inaccurate warnings and labels, resurface each year in newly designed toys.

Here is *WATCH's* list of the **10 worst toys of 2016**, where they're sold and the risks they pose:

- **Peppa Pig's Muddy Puddles Family** (Target, Amazon.com.) Choking hazard from small parts.
- **Kids Time Baby Children's Elephant Pillow** (Amazon.com.) Suffocation hazard, but no warning.
- **Slimeball Slinger** (Toys 'R' Us, Amazon.com.)-can be fired with enough force to cause eye injuries.
- **Banzai Bump N' Bounce Body Bumpers** (Walmart, Amazon.com, Ebay.com, Sears.com.) Impact injuries.
- **Nerf Rival Apollo XV-700 Blaster** (Walmart.com, Target.com, Amazon.com, Kmart.com.) Potential for eye injuries but carries no warning.
- The **Good Dinosaur Galloping Butch** (Amazon.com, Walmart.com, Toys 'R' Us.com.) Potential for puncture wounds due to pointed tail. Warns about small parts but not about puncture wound threat.
- **Peppy Pups** (Toys 'R' Us) Risk of strangulation due to long cord. Carries no warning.
- **Flying Heroes Superman Launcher** (Toys 'R' Us, Amazon.com, Walmart.com, Sears.com, Ebay.com, BigW.com.) Risk of eye and facial injuries.
- **Baby Magic Feed and Play Baby** (Toys 'R' Us, Amazon.com, Sears.com.) Spoon that comes with doll has the potential to be mouthed and block a child's airway. Has no warning.
- **Warcraft Doomhammer** (Toys 'R' Us, Amazon.com.) Risk of blunt impact injuries.

The safety group said the 10 Worst Toys list highlights dangers in certain toys, but parents and other consumers should know that these are not the only potentially hazardous toys on the market.

SOURCE: World Against Toys Causing Harm, news release, Nov. 15, 2016

## **HELP KEEP ME CALM PROGRAM:**

Children with autism often have trouble communicating or understanding their medical care. For these children, a visit to the hospital—especially to the E.D.—can be a scary, stressful, or traumatic event. To address this, Children's National Health System has rolled out a new program to help ease anxiety in children with autism during visits to the E.D. The "Help Keep Me Calm" Program was developed with a grant from Autism Speaks, a leading autism science and advocacy organization.

### **The "Help Keep Me Calm" Program has three components:**

1. **Questionnaire:** During the child's initial assessment in the E.D., **parents of a child with autism will be asked to fill out a questionnaire**. It includes questions on how the child communicates, previous experiences he or she has had in the hospital, any triggers or sensitivities, what the child finds calming, and more. This information will be kept with the child's chart so that all of our providers in the E.D. and in other units, if the child is admitted—can review the information and use it to tailor their care approach.
2. **Communication Boards:** Child Life partnered with speech therapists to create pictorial boards to help children with autism communicate pain or basic needs and prepare them for procedures. **The boards include an image of the body so that a child can point to where they're having pain, a pain scale with facial expressions to indicate how severe the pain is**, pictures to represent basic needs—like thirst, pain, or needing to use the bathroom—and **step-by-step illustrations to show the most common Emergency Department procedures**.
3. **Toolkit:** **Toys with repetitive movements** or ones that provide particular sensory inputs are soothing for children with autism and to keep them engaged and entertained.



## 10 WAYS I AM DIFFERENT THAN AN ADULT

1

small  
body

greater heat loss

•

2

tiny  
veins

difficult IV access

• •

3

bigger  
tongue

obstruction

• • •

4

thinner  
skin

absorb everything  
like a sponge

• • • •

5

smaller  
airway

airway management  
challenges

• • • • •

6

immature  
bones

watch for suspicious  
injuries

• • • • •

7

dehydrate  
quickly

electrolyte imbalances

• • • • •

10

immature  
liver

decreased glucose stores  
hypoglycemia

• • • • •

9

faster  
respiratory/  
heart rate

know the ranges

• • • • •

8

large  
head

at risk for falls

• • • • •



4.

## EMERGENCY PEDIATRIC CARE COURSE (EPC)

EPC is a NAEMT course for BLS and ALS providers. This course is designed to help providers with common pre-hospital emergency pediatric encounters. EPC is offered at no charge through funding provided by the Montana State EMS for Children/Child Ready MT Program.

**16 hours of accredited pediatric contact time awarded for course completion.**

This is a hybrid course. Students **must complete** the 8 hours of online training **prior** to the scheduled day of skills and simulation.



To register, go to: <http://www.bestpracticemedicine.com/emergency-pediatric-care/>

*Access to the online course will be E-mailed to students within three days of course registration. A \$75.00 deposit is required to **reserve** a space in the course—you are **not charged if you attend the in-person skills class.***

IF you would like to host an EPC course in your area, email [rsuzor@mt.gov](mailto:rsuzor@mt.gov) for more information.

Please forward this announcement to anyone who may be interested.

This is a great opportunity for **FREE PEDIATRIC EDUCATION.**

Safe Kids Worldwide produced *The Ultimate Car Seat Guide*, an interactive guide that delivers both general and personalized tips to make you're a child is using the correct car seat.



The guide has tips on buying car seats, installing car seats, finding the right fit, and when to change car seats. Check out the ultimate Car Seat Guide. <https://www.safekids.org/ultimate-car-seat-guide/>

## Patient Satisfaction: A Key Factor in Healthcare Performance Assessment

### PATIENT SATISFACTION: A KEY FACTOR IN HEALTHCARE PERFORMANCE ASSESSMENT

By Cydney Black & Hendi Crosby Kowal, Altarum Institute

#### What matters most to patients?

**Quality of communication with doctors is key to patient satisfaction.** Both the literature and our own research show that whether or not patients report positive health care experiences is most frequently *driven* by how their providers communicate with them. “Communication” can pertain to bedside manner (“Is the provider polite?” “Is the nurse friendly?” “Is the physician available?” “Am I able to speak with my doctor when I need to?”)

The **second** most frequent driver of patient experience is access to care, particularly with waiting times. Other key drivers of patient satisfaction identified in recent studies include **patient-centeredness of care and cleanliness of the facilities**.

Read Full Post @ <http://altarum.org/health-policy-blog/patient-satisfaction-a-key-factor-in-healthcare-performance-assessment>

### EFFORTS ON TELEHEALTH IN NEW REPORT TO CONGRESS

In response to a request from Congress, the US Department of Health and Human Services [released its report](#) on the agency’s current telehealth efforts. While it wasn’t within the 180-day deadline, Congress gave the department in December, the **report was comprehensive in its scope of the potential promise of telemedicine**, especially given the ever-expanding availability of services, as well as the myriad difficulties in implementation due to inconsistent policies, costs and licensing agreements.

The report focuses on the promise of telehealth to reach those **in rural or underserved populations** (including many veterans), to manage chronic diseases, deliver mental health or specialist services, and to avoid unnecessary hospitalizations.

It also outlined the challenges of reimbursement, licensure, credentialing and privileging, and broadband connectivity.

### WHAT'S IN YOUR PEDIATRIC COMFORT KIT?

[Bubbles: distraction](#)

[Light up balls: distraction](#)

[Glitter sticks: distraction](#)

[Pacifier: soothing](#)

[Books: distraction and soothing](#)

[Assortment of balls: distraction](#)

[Buzzy the buzzer: IV placement see training video at http://buzzy4shots.com/](#)

[Stuffed animal:](#) Children can use stuffed animals to comfort themselves when they’re scared. The toys also are valuable to EMS, who can use them as diagnostic tools. The furry toys can be kept on ambulances and used at emergency scenes. EMRs can use the animals to calm a child who is injured, scared or traumatized. More importantly, the toys can help children communicate their injuries.

Often at car crashes or scenes where children are scared, they are unable to talk. EMS or first responders can have the children point to the area on the animal where they are hurting. Children who are scared need something to cling to, and to have these on the truck is invaluable.

[j-tip- easy IV placement-- see training video: http://jtip.com/filling\\_J\\_tip.html](#)



## Suicide Prevention

"Montana Suicide Review Team Recommends More Support, Training, Screenings"

Now with several years' worth of data, Montana's suicide review team will make recommendations to the 2017 Legislature to confront a statewide crisis that has consistently placed Montana's suicide rates among the highest in the country for 40 years.

The [2016 Montana Suicide Mortality Review Team Report](#) gives a detailed look at Montana's suicide statistics - its crude rate of 22.33 suicides per 100,000 people from 2005 through 2014 nearly doubles the national rate of 12.22, and it's 2014 rate of 23.8 was the highest in the nation - while offering policy and legislative actions to address the problem.

"Our recommendations were based on our findings of, overall, where we saw patterns or what we saw the highest incidence of," said Karl Rosston, state suicide prevention coordinator with the Montana Department of Public Health and Human Services.

The recommendations cover training for care providers like nurses and doctors, screening, prevention efforts while also targeting efforts to reach Montana's American Indian population, which has a much higher suicide rate than the rest of the state and three times that of the U.S. native population. [Link to Article](#)

### Online training

- [EMSC National Resource Center online pediatric training modules](#) - Variety of courses targeting EMS professionals, acute care professionals, residents and fellows, school nurses, and family and caregivers
- [National Child Traumatic Stress Network - continuing education](#)
- [Online pediatric emergency training \(EMS-C New Mexico\)](#)
- [Pediatric Disaster Triage: Doing the Most Good for the Most Patients in the Least Time](#)

## TRIVIA

Answer the trivia and win free Pediatric CRASH CARDS-to the first 3 to email answers to Robin - [rsuzor@mt.gov](mailto:rsuzor@mt.gov) **NOT** to the listserve.

1. How many flu doses do children (6 months -8 years old) need?
2. What are 3 ways children are different than adults?
3. What is one key driver to patient satisfaction?
4. Who were the hardest "hit" in the 1918 Flu Pandemic?



EMERGENCY MEDICAL SERVICES FOR CHILDREN PROGRAM, MT DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES, EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEMS, P.O. BOX 202951, HELENA, MT 59620 -- CONTACT INFORMATION: [rsuzor@mt.gov](mailto:rsuzor@mt.gov) or (406) 444-0901

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